



HEALTHY STUDENTS LEARN MORE

Evaluation

Please help us make this guide better in the future. After you have used this guide, please take a minute to fill out this evaluation form. Your input is important to us. Thank you for your time and suggestions.

1. School Name (optional) _____
2. School Grade Level _____
3. Please tell us how you used this guide. _____

4. Please rate the usefulness of the guide on a scale of 1 (not very useful) to 5 (very useful). _____
 - a. What sections did you find the most helpful? _____

5. Please describe the steps your school plans to take or has already taken to build a healthy school nutrition and physical activity environment. _____

6. What are your words of wisdom for others in taking steps to make healthy foods and fitness a priority in school? _____

7. Is there anything that Montana Office of Public Instruction's School Nutrition Programs can do to further support your efforts? _____

8. Additional comments: _____

Thank you for your feedback.

Please return the completed evaluation form via fax (406-994-7300).

Or simply fold, apply postage and mail.

This form is available at: www.opi.state.mt.us/schoolfood/index.html

Electronic replies can be sent to kbark@mt.gov

Montana Team Nutrition Program, Montana State University,

202 Romney Gym, PO Box 173360, Bozeman, MT 59717

Phone 406-994-5641, Fax 406-994-7300

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MONTANA TEAM NUTRITION PROGRAM
MONTANA STATE UNIVERSITY
202 ROMNEY GYM, PO BOX 173360
BOZEMAN, MT 59717-3360